

Owner Name
UBI
OFFICE USE: City Reference

CITY OF BELLEVUE PANORAM PREMISES ADDENDUM

Note: This form must be submitted with a completed Master Application form. Application is subject to approval by the Bellevue Departments of Planning & Community Development, Finance, Police and Fire.

PLEASE TYPE OR PRINT IN DARK INK.

1.	Indicate if you will be engaging in any of the following business activities. Check all that apply. ☐ Charging Admission ☐ Gambling					
2.	Square feet of office floor space:					
3.	Has this business ever been registered in Bellevue before?					
	If Yes , enter Bellevue Registration Number					
	Business Name					
4.	4. Do you plan to conduct any part of business from your home in Bellevue?					
	employees, client visits, business deliveries or vehicle signs. For further information, please contact the Bellevuc Department of Planning & Community Development at (425) 452-6864.					
5.	Is this a non-profit organization?					
6.	Manager/Operator Name:					
	Social Security No: Date of Birth:/ Telephone Number: ()					
	Home Address:					
7. List make, model and serial number of panoram devices. If more space is needed, attach additional sheets:						
	MAKE	MODEL	SERIAL NUMBER			
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
8.	Provide a sketch showing layout of prem	ises on the back of this form.				

NOTE: Businesses must comply with all city codes and ordinances which include but are not limited to the Land Use Code,

Building Codes and Fire Codes. For Bellevue Permit information, please call (425) 452-6864 or TTY (425) 452-

4636.

Provide layout of premises below. (Use ballpoint pen ONLY.)